

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 62660 (8)**

1. Corporation Name

D. R. CURTIS, INC

100005183061--9

-04/02/02--01043--014

***1058.75 ***1058.75

2. Principal Office Address

3. Mailing Office Address

1029 GOLF VALLEY DR. 1029 GOLF VALLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

APOPKA FL

APOPKA FL

Zip

Country

Zip

Country

32712

ORANGE

32712

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1992

5. FEI Number

59-3151240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD R. CURTIS

Street Address (P.O. Box Number is Not Acceptable)

1029 GOLF VALLEY DR.

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald R. Curtis

Date **03/11/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CURTIS, DONALD R.	1029 GOLF VALLEY DR.	APOPKA, FL 32712

REINSTATEMENT

00-02118

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Donald R. Curtis

DONALD R. CURTIS

03/11/02

843-6305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)